

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292**



**PHARMACY INTERN APPLICATION FOR ACPE
ACCREDITED STUDENTS/GRADUATES AND
INSTRUCTIONS**

October 2016

GENERAL INFORMATION

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application, the board office will notify you of the receipt of your application, any required documents, and your status. In order to complete your application, please return the following with your application:

Social Security Number: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(12), 409.2577, and 409.2598, Florida Statutes (F.S.).** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV- D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #2 (Pharmacy Intern Application for US Pharmacy Students/Graduates).**

PLEASE BE ADVISED THAT ALL INCOMPLETE APPLICATIONS EXPIRE ONE YEAR AFTER RECEIPT. IF YOUR APPLICATION EXPIRES, YOU WILL HAVE TO REAPPLY AND RESUBMIT ALL DOCUMENTS.

Board Licensure Procedure

Once you have submitted all required documents, and met all licensure requirements, you will be licensed within 7 – 10 business days. You will receive the actual copy of your license within 7 days of your licensure date. **You may look up your license number on our website at www.flhealthsource.com/ under “Verify a License.”**

IMPORTANT NOTICE:

Section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
 3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
 4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
 5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

REQUIREMENTS FOR FLORIDA INTERNSHIP

Please submit the following to the Florida Board of Pharmacy: P.O. Box 6320, Tallahassee, FL 32314-6320

ITEM #1 – Social Security Number: Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **In this instance, Social Security Numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 456.013(12), 409.2577, and 409.2598, Florida Statutes.** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and Occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #2 (Florida Pharmacy Intern Application).**

ITEM #2 – Pharmacy Intern Application for ACPE Accredited Students/Graduates: All sections must be completed in full. If you answer “yes” to any of the questions in 5-17 on the application, please submit official court copies of any supporting documents for the board to review. Applicants who have listed offenses on the application must submit a letter in their own words describing the circumstances of the offense. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a delay of processing. If you provide false information, the board may deny your application for licensure.

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation to the board, will result in an incomplete application. **Final approval cannot be granted until the application is complete.**

_____ **Social Security Number (Item #1) – (Attach to Item #2)**

_____ **Pharmacy Intern Application for ACPE Accredited Students/Graduates (Item #2)**

_____ **Health History:** Supporting documentation related to any “Yes” answer must be submitted to the Board of Pharmacy, 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3252.

_____ **Criminal History:** Supporting documentation related to any “Yes” answer must be submitted to the Board of Pharmacy, 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399-3252.



FLORIDA BOARD OF PHARMACY

P.O. Box 6320 • Tallahassee, FL 32314-6320 Phone: (850) 245-4292 www.floridaspharmacy.gov

**ITEM #1 SOCIAL SECURITY NUMBER
CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE**

Name: _____
Last **First** **Middle**

Social Security Number: _____

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.



FLORIDA BOARD OF PHARMACY
 P.O. Box 6320 • Tallahassee, FL 32314-6320
 Phone: 850-245-4292
www.floridaspharmacy.gov

**ITEM #2 – PHARMACY INTERN APPLICATION
 FOR ACPE ACCREDITED STUDENTS/GRADUATES**

Rule 64B16-26.400(1), Florida Administrative Code, requires a pharmacy intern to be registered with the Department of Health before being employed as an intern in a pharmacy in Florida. Intern certificates issued by the Florida Board of Pharmacy are valid for the State of Florida ONLY and must be returned to the board after an intern has become a Registered Pharmacist in the State of Florida. Applicants must complete the information below and forward the application to the College of Pharmacy to be completed by the Dean and returned to the address above.

Please print or type legibly.

1. Biographical Information			
Last Name	First Name		Middle Name
Home Address (Mailing Address – ML)	City	State	Zip
Work Address (Practice Location – PL)	City	State	Zip
Current Phone Number	Home Phone Number	Date of Birth	
Correspondence via Email? Yes ___ No ___ By checking “yes”, you agree to allow the board office to contact you with information regarding your application via email. Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to the Board Office. Instead, contact the Board Office by telephone or regular mail.			
2. Equal Opportunity Data – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.			
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
3. If known, indicate the name and address of the pharmacy where you will intern in Florida.			
4. Have you ever applied to take the Florida pharmacist examination? If yes, please indicate the date.			
Yes _____ No _____ Date _____			
5. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest, to a crime in any jurisdiction other than a minor traffic offense?			
Yes _____ No _____			
(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is <u>NOT</u> a minor traffic offense for the purposes of this question.)			

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

6. In the last five (5) years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

Yes _____ No _____

7. In the last five (5) years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

Yes _____ No _____

8. During the last five (5) years, have you been treated for or had a recurrence of a diagnosed physical impairment that has impaired your ability to practice pharmacy?

Yes _____ No _____

9. In the last five (5) years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five (5) years?

Yes _____ No _____

10. Has disciplinary action ever been taken against your pharmacist or any other professional license in this state or any other state?
Yes _____ No _____
11. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?
Yes _____ No _____
12. Are you presently being investigated or is any disciplinary action pending against you?
Yes _____ No _____
13. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #14.)
Yes _____ No _____
13a. If "yes" to 13, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
Yes _____ No _____
13b. If "yes" to 13, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
Yes _____ No _____
13c. If "yes" to 13, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
Yes _____ No _____
13d. If "yes" to 13, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).
Yes _____ No _____
14. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If no do not answer 14a.)
Yes _____ No _____
14a. If "yes" to 14, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
Yes _____ No _____
15. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 15a.)

Yes _____	No _____
15a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	
Yes _____	No _____
16. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program? (If no, do not answer 16a and 16b.)	
Yes _____	No _____
16a. Have you been in good standing with a state Medicaid program for the most recent five years?	
Yes _____	No _____
16b. Did the termination occur at least 20 years prior to the date of this application?	
Yes _____	No _____
17. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? (If "yes", please provide documentation)	
Yes _____	No _____

All of the above questions must be answered or your application will be returned for completion. If you answer "yes" to any questions in 5-17, explain on a sheet providing accurate details, and submit an official copy of the order of the court or state board of pharmacy, supporting documents or all if applicable.

Section 456.013(1)(a), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or changes stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

The statements contained in this application are true, complete and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations they deem appropriate and to secure any additional information concerning me. I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board or any municipal, county, state, or federal government agencies or units, and that I understand according to the Florida Board of Pharmacy statutes, a pharmacy interns license may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other item, in connection with an application for a license or permit, as set forth in section 465.015(2)(a), F.S.

(SIGNATURE OF APPLICANT)

(DATE)

TO BE COMPLETED BY DEAN OF COLLEGE OF PHARMACY

This is to certify that the above named applicant is entered into the professional curriculum of the

_____, as of _____; and is a graduate
of (NAME OF SCHOOL) (DATE)

said professional curriculum as of _____.
(DATE)

(PRINT NAME OF DEAN)

(SCHOOL SEAL)

(SIGNATURE OF DEAN)

(DATE)

FLORIDA BOARD OF PHARMACY INTERNSHIP REGISTRATION INFORMATION

If you are enrolled in a College of Pharmacy in the State of Florida, please be advised that upon receipt of certification of graduation, the State Board will verify completion of 2080 internship hours.

If you are attending of an out of state college, or would like intern hours certified outside of the hours required by the College of Pharmacy in Florida your hours must be recorded in your file on the attached intern Hours Certification Report. The Florida Board of Pharmacy accepts a PharmD as completion of the internship requirement for licensure in Florida. When you request our office to verify your intern hours we will send the intern hours certification report to the State of your choice.

I state that this report is correct. The above information was taken from the records of the above named pharmacy and are available for inspection by the Board of Pharmacy. I also state these hours were completed outside of the hours required by the College of Pharmacy.

Preceptor/Supervisor's Signature _____ Date _____

Name of Pharmacy _____ Permit Number _____

Address _____
Street City State Zip

Phone: _____
